COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>COMPOSITIONS AND METHODS FOR TREATING HUMAN PAPILLOMAVIRUS-MEDIATED DISEASE</u>, the specification of which:

is attached hereto.
was filed on April 20, 2005 as Application Serial No. 10/532,168 and was amended on
was described and claimed in PCT International Application No. PCT/US2003/032705 filed or
October 16, 2003 and as amended under PCT Article 19 on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/471,481	May 15, 2003	Expired
60/420,068	October 21, 2002	Expired

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Janis K. Fraser, Reg. No. 34,819
J. Peter Fasse, Reg. No. 32,983
Timothy A. French, Reg. No. 30,175
Samuel Borodach, Reg. No. 38,388
William J. Hone, Reg. No. 26,739

Jack Brennan, Reg. No. 47,443 Stuart Macphail, Reg. No. 44,217 John W. Freeman, Reg. No. 29,066 Anita L. Meiklejohn, Reg. No. 35,283

Direct all telephone calls to JACK BRENNAN at telephone number (212) 765-5070.

Direct all correspondence to the following:

PTO Customer Number

Attorney's Docket No.: 08191-029US1 Client's Ref. No.:

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

1-00	Full Name of Inventor: Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Amherst, Massachusetts MA U.S.A. 399 Henry Street Amherst, Massachusetts 01002 United States of America	_ Date:	11-14-2005
2-00	Full Name of Inventor: Inventor's Signature: Residence Address:	MARY LYNNE HEDLEY Lexingtor, Massachusetts	Date:	11-17-05
	Citizenship: Post Office Address:	U.S.A. 51 Follen Road Lexington, Massachusetts 02421		
3.00	Full Name of Inventor: Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Lexington, Massachusetts M A. U.S.A. 51 Follen Road	Date:	11-17-05
	Full Name of Inventor:	Lexington, Massachusetts 02421 ROMAN M. CHICZ	Deter	
	Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Belmont, Massachusetts U.S.A. 4 Cottage Street Belmont, Massachusetts 02478 United States of America	Date:	
	30250776.doc			

Attorney's Docket No.: 08191-029US1

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As a below named inventor, I hereby declare that:

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[] [X]	is attached hereto. was filed on April 20, 2005 as Application Serial No. 10/532,168 and was amended on
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26161 PTO Customer Number

Attorney's Docket No.: 08191-029US1 Client's Ref. No.:

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

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	Full Name of Inventor:	MARY LYNNE HEDLEY		
	Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Lexington, Massachusetts U.S.A. 51 Follen Road Lexington, Massachusetts 02421	Date	:
	Full Name of Inventor:	ROBERT G. URBAN		
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4-00	Full Name of Inventor:	ROMAN M. CHICZ	•	·
	Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Belmont, Massachusetts MA. U.S.A. 4 Cottage Street Belmont, Massachusetts 02478 United States of America	Date	Dec. 20, 2005
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